

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								10/564083					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2		/				52							
3		/				53							
4		/				54							
5		/				55							
6		/				56							
7		/				57							
8		/				58							
9	/					59							
10	/					60							
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12	/					62							
13	/					63							
14	/					64							
15	/					65							
16	/					66							
17	/					67							
18						68							
19						69							
20		/				70							
21						71							
22						72							
23						73							
24						74							
25						75							
26			/			76							
27			/			77							
28			/			78							
29			/			79							
30			/			80							
31			/			81							
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33			/			83							
34			/			84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2		3										
TOTAL DEP.	21	←	13	←									
TOTAL CLAIMS	23		16										